

DISSERTATION ON
TO ASSESS THE LEARNING NEEDS AND SELF CARE
PRACTICES REGARDING POSTNATAL CARE AMONG
PRIMI PARA MOTHERS WHO UNDERWENT
EMERGENCY LSCS AT INSTITUTE OF OBSTETRICS AND
GYNECOLOGY, GOVERNMENT HOSPITAL FOR
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CERTIFICATE

This is to certify that this dissertation titled , **‘A STUDY TO ASSESS THE LEARNING NEEDS AND SELF CARE PRACTICES REGARDING POSTNATAL CARE AMONG PRIMI PARA MOTHERS WHO UNDERWENT EMERGENCY LSCS AT INSTITUTE OF OBSTETRICS AND GYNECOLOGY, GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN, EGMORE, CHENNAI-8,** is a bonafide work done by **Mrs.T.Savitri**, College of Nursing, Madras Medical College, Chennai-03. submitted to The Tamilnadu Dr M.G.R, Medical University , Chennai in partial fulfillment of the University rules and regulations towards the award of the degree of Master of Science in Nursing, Branch-III, Obstetrics and Gynaecological Nursing under our guidance and supervision during the academic period from 2010-2011.

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TABLE OF CONTENTS

Chapter	Content	Page
I	INTRODUCTION	1
	Need for the study	4
	Statement of the problem	5
	Objectives of the study	5
	Operational definitions	5
	Hypothesis	6
	Delimitation	6
II	REVIEW OF LITERATURE	
	Part-I: Review of literature	7
	Part – II: Conceptual frame work	13
III	METHODOLOGY	
	Research Design	15
	Setting of the study	15
	Population	16
	Sampling Technique	16
	Sample size	16
	Development of the Tool	16
	Validity	17
	Reliability of the Tool	17
	Description of tool	17
	Observational Check list	18
	Ethical Consideration	19
	Pilot study	19
	Data Collection Procedure	19
	Data Analysis	20

Chapter	Content	Page
IV	DATA ANALYSIS AND INTERPRETATION	21
V	DISCUSSION	39
VI	SUMMARY AND RECOMMENDATION S	
	Summary	43
	Conclusion	45
	Nursing implications	45
	Recommendations	49
VII	BIBLIOGRAPHY	
VIII	APPENDICES	
	Permission letter	
	Certificate of content validly	
	Tool (English)	
	Tool (Tamil)	

LIST OF TABLES

Table. No	List of Tables	Page. No
1	Percentage of LSCS world wide	2
2	Number of deliveries and LSCS at IOG	3
3	Frequency and percentage distribution of learning needs of the primi para mothers who underwent emergency LSCS	29
4	Standard deviation of the learning needs of the primi mothers who underwent emergency LSCS	30
5	Frequency distribution of primi para mothers according to self care practices regarding post natal care Day -2	31
6	Frequency distribution of primi para mothers according to self care practice regarding post natal care Day -3	32
7	Frequency distribution of primi para mothers according to self care practice regarding post natal care Day -4	33
8	Distribution of samples of mean self care practice scoring	34
9	Level of self care practice	35
10	Correlation between learning needs and self care practice score	36
11	Association between levels of learning needs with demographic variables	38

LIST OF FIGURES

Figure No	List of Figure	Page No
1	Conceptual frame work	13
2	Distribution of primi para mothers according to the age	22
3	Distribution of primi para mothers according to No of marital years	23
4	Distribution of primi para mothers according to educational status	24
5	Distribution of primi para mothers according to occupational status	25
6	Distribution of primi para mothers according to their monthly income	26
7	Distribution of primi para mothers according to religion	27
8	Distribution of primi para mothers according to area of residence	28
9	Scatter diagram on learning need score and practice score	37

ABSTRACT

This study was undertaken with the purpose to **“Assess the learning needs and self care practices regarding post natal care among primi para mothers who underwent emergency LSCS ‘at Institute of Obstetrics and Gynaecology , Government Hospital for Women and Children, Chennai -8.**

INTRODUCTION

Labour is not joyous event and it's the major occurrence in a women's life. Every woman expects normal vaginal delivery, unavoidable circumstances like shoulder dystocia, APH, abruption placenta, failed induction, prolonged labour, cord prolapse, and foetal distress, the caesarean section has been carried out throughout the world. Maintaining good health during pregnancy and postpartum period is very important, especially after emergency LSCS. The primi mothers who undergo emergency LSCS are psychologically depressed and find difficult to overcome this situation. They struggle to take care of their babies during post operative period with the problems of pain and anesthesia, which leads to put their babies on pre lacteal feeds, and increases the risk of neonatal morbidity. Providing a high standard of care and support to mothers and babies in postnatal period is the responsibility for the health care provider .The proper guidance promotes maternal and neonatal wellbeing by adopting a holistic approach to care and prevent complication like puerperal infection, wound sepsis, neonatal morbidity, and also length of hospital stay after surgery.

OBJECTIVES

1. Assess the learning needs of primi para mothers who underwent emergency LSCS
2. Identify the self care practices among primi para mothers who underwent emergency LSCS
3. Identify the relationship between learning needs and self care practices

4. Associate the learning needs with selected demographic variable
5. Prepare the information guide based on the study findings regarding post natal care

METHODOLOGY

A quantitative research approach with descriptive design was used to conduct the study on primipara mothers who satisfied the criteria for sample selection using simple random technique by lottery method. The study was conducted in 770 bedded Govt. Hospitals for Women and Children. The conceptual frame work based on Orem's supportive education system model of self care was used.

A structured interview schedule was used to assess the knowledge and likert scale was used to assess the selected practices. Validity and reliability of the tool was assessed with Test retest method and Cron Bach Alpha method. Data collection was done after the pilot study.

FINDINGS OF THE STUDY

The data was obtained and analyzed by using both descriptive and inferential statistics. 40.8 percent of primipara women had adequate knowledge regarding post natal care so learning needs was 59.2 % on an average on post natal care

It was found that there was a significant positive moderate correlation between the learning needs and the self care practice of primipara mothers who underwent emergency LSCS

The findings showed that half of mothers had adequate knowledge on postnatal care but poor self care practices and there is a significant relationship between the learning needs of primipara mothers on post natal care with the age, education and the area of residence

CONCLUSION

This study showed that the primipara mothers had high learning needs regarding post natal care after emergency LSCS and their self care practices performed was poor. They had adequate knowledge about baby care, bonding, diet, elimination and personal hygiene but had poor practices in the aspect of ambulation, skin care, intake of water, breast hygiene and burping, The self care practice s score was increased every day, because awareness created by the health personnel during hospital stay. The overall self care practice was moderate and poor. Import knowledge regarding postnatal care during antenatal period can make them to perform the self care practices fairly well and the hospital stay of the patient can also be minimized.

CHAPTER –I

INTRODUCTION

Motherhood brings much joy as ever, but it still brings boredom, exhaustion, and sorrow too. Nothing else ever will make you as happy or as sad, as proud or as tired, for nothing is quite as hard as helping a person develop his own individuality especially while you struggle to keep your own.

- Marguerite Kelly & Elia Parsons

Motherhood is a great responsibility and it is woman's highest crown of honour. The physiological transition from being pregnant women to becoming a mother means, an enormous change will occur both physically and psychologically. Labour is not joyous event and it's the major occurrence in a women's life. It is the time when every system in the body is affected. Though child birth is the normal physiological process and natural, every woman expects normal vaginal delivery. Unavoidable circumstances like shoulder dystocia, APH, abruption placenta, failed induction, prolonged labour, cord prolapse, and foetal distress, the caesarean section has been carried out throughout the world.

CHAFFER & ROYLE (2000) states internationally the caesarean section rate is on the increase with the exception of Norway and Sweden. The World Health Organization estimates the rate of Caesarean sections between 10% and 15% of all births in developed countries. In the United States the Caesarean rate has risen to 48% since 2006 reaching a level from 31.8%.

ROBINSON (2000) states that, by reducing the caesarean section rate by 5%, two to seven maternal deaths could be prevented annually in Britain

In India the estimated rate of caesarean section in the year 2005 was 21.8% increased into 42% in the year 2010

There are approximately 77,000 maternal deaths per year, which in other words it means one woman dies every seven minutes due to complications related to pregnancy and child birth (Registrar General of India -2006).The maternal mortality rate for India (2008) was 400 per 1, 00,000 live births. Reducing maternal mortality is a national priority. Majority of maternal death in India are preventable

INCIDENCE OF EMERGENCY LSCS

Table –1: Percentage of LSCS world wide

S.NO	Countries	Percentage
1	USA	48%
2	UK	20%
3	ITALY	44 %
4	CANADA	22.5%
6	INDIA	42%

Source - world statistics.

Caesarean section is an operative procedure performed after the end of the gestational weeks through an incision on the abdomen and uterine wall from which the baby and placenta are removed. The first operation performed on a client is referred as primary caesarean section.

Emergency caesarean section is a decision made to perform the operation after labour has started, because of complications which is performed immediately to save the mother and baby. Some condition like ante partum haemorrhage, cord prolapse, uterine rupture,, preeclampsia, failure of second stage of labour , are indication for emergency LSCS .

Table -2: Number of vaginal delivery and LSCS

Year	Vaginal Delivery	Emergency LSCS
2005	3520	3650
2006	3481	3800
2007	3251	3827
2008	3524	3968
2009	3650	3900

Source - MRD, Institute of Obstetrics and Gynecology, Chennai-8

It shows that number of emergency LSCS is increasing at IOG, Puerperium period after emergency LSCS makes the women vulnerable to infection in several ways. She becomes weak due to nil oral and loss of blood, tissue and muscle injury during operation. Major parts of the body are in state of physiological fatigue .The raw organ is highly susceptible to infection. So the unclean condition and practice following emergency LSCS increase the risk of puerperal infection, being one of the causes of maternal morbidity. The immediate post operative complications .like PPH. pulmonary embolism , thromboembolism , puerperal sepsis, , deep vein thrombosis and postnatal pyrexia ,wound gaping, , anemia, wound sepsis, and remote complications of resuturing , incisional hernia, also increases the maternal morbidity . Therefore maintaining good health during pregnancy and postpartum period is very important especially after emergency LSCS.

The primimothers who undergo emergency LSCS are psychologically depressed and find it difficult to overcome this situation. They struggle to take care of their babies during post operative period with the problems of pain and anesthesia, which leads to put their babies on pre lacteal feeds, and increases the risk of neonatal morbidity.

NEED FOR STUDY

In Chennai city the caesarean section rate was reported to be 45.5% (world statistics), in IOG it was about 50% in the year 2009. The women undergoing emergency LSCS increased more than elective LSCS. Primigravidae admitted at IOG expecting normal vaginal delivery but half of them undergoing emergency LSCS. They have not expected this operative procedure and were unable to perform self care practices during post operative period in regard to early ambulation, diet, elimination, rest and sleep, care of surgical wound, breast feeding, care of new born.

Providing a high standard of care and support to mothers and babies in postnatal period is the responsibility for the health care provider. The proper guidance promotes maternal and neonatal wellbeing by adopting a holistic approach to care and prevent complication like puerperal infection, wound sepsis, neonatal morbidity, and also length of hospital stay after surgery.

Women should be offered relevant and timely information to enable them to promote their health and their baby's health and recognize and respond to problems. The postnatal period presents an ideal opportunity for midwives to highlight the importance of postnatal care especially after emergency LSCS. So the investigator needs that to assess the learning of emergency LSCS women during the postnatal period, to give proper guideline about puerperal care in the antenatal period

All women will be given the opportunity to talk about her labour and to enquire about the care that she will receive. If the mother has adequate knowledge about post natal care, puerperal complication can be prevented. To achieve and maintain health is increasingly valued and also it is an individual's responsibility. Promotion of health, prevention of illness, early detection of complication, taking proper precautionary measure and self care practice are expected to be performed on their own part. Enhanced learning needs, better knowledge and positive attitude improves the self care practice of the individual. The investigator during her clinical posting observed that many

women were unable to perform the self care practices that lead to puerperal complications which made the investigator to take up this topic for analysis

PROBLEM STATEMENT

Assess the learning needs and self care practices regarding post natal care among primi para mothers who underwent emergency LSCS at IOG.

OBJECTIVES

- 1) Assess the learning needs of primi para mothers who underwent emergency LSCS
- 2) Identify the self care practices among primi para mothers who underwent emergency LSCS
- 3) Identify the relationship between learning needs and self care practice
- 4) Associate the learning needs with selected demographic variable
- 5) Prepare the information guide based on the study findings regarding post natal care

OPERATIONAL DEFINITION

Learning needs: Knowledge regarding early ambulation, diet, elimination rest and sleep, wound care, personal hygiene, baby care,

Self care practices: Activity of ambulation, diet, rest and sleep, personal hygiene, baby care, and breast feeding,

Primi Para mothers: Mothers who delivered for the first time

Postnatal care: Care given to the mother after LSCS delivery

Emergency LSCS: Unplanned operation performed on mother to deliver the baby

HYPOTHESIS

- There is significant difference between the learning needs and self care practices among primipara mothers regarding postnatal care
- There is significant association between learning with selected demographic variables

DELIMITATION

- Data collection is delimited to 4weeks

CHAPTER- II

REVIEW OF LITERATURE

Search for review of literature to familiarize with knowledge base. It helps to incorporate with up to date knowledge about the topic and to decide criteria for including or excluding subject and problems related to study. It helps to organize and presents a review of selected literature relevant to present study.

It consists of two sections

SECTION-A: deals with review of related literature

SECTION-B: deals with conceptual frame work

SECTION –A

- 1) Literature related to cesarean section and incidence
- 2) Literature related to breast feeding and breast problem
- 3) Literature related to infection and wound sepsis
- 4) Literature related to ambulation
- 5) Literature related to newborn care

Literature related to cesarean section and incidence

Gar Maroudi et al (2008) found cesarean section prevalent to be 25.8% and 25% in primi and multigravida respectively. He concluded caesarean section was significantly associated with socio economical condition of family and educational and occupational status of the mother ($p < 0.001$)

Weimer (2008) stated that there were 19,417 deliveries at wilford Hall medical centre , out of these 1847 (9.5%) were by primary caesarean section and 800 (94%) by repeat operation . The most common indication for caesarean section were dystocia, breech presentation repeats operation and fetal distress

Diane Swayer (2007) conducted a study in the year 2000 and 2006 for the period of 6 months , 1107 and 1989 child birth occurred respectively . The rates of caesarean section in both the year were about 34%. In 2006 most cesarean section were performed by emergency

Cunningham (2006) reported that in the past twenty years the cesarean section rate have nearly quintupled in the US to 23.8% in 2006

Davidson (2006) suggested that caesarean section is a major abdominal surgery and when caesarean section is necessary it can be life saving technique for both mother and infant.

Ryan et al (2006) reported that the prevalence of caesarean section on maternal request is estimated to be 1 to 18 % of all caesarean world wide

Literature related to breast feeding and breast problem

Laanterä S, et al (2009) conducted the web based Breastfeeding Knowledge; Attitude with Confidence scale. The data were collected at eight with maternity healthcare clinics in Finland. 123 pregnant mothers and 49 fathers completed the survey. The respondents correctly answered 68% of the items related to breastfeeding knowledge. He concluded the weak response rate requires attention. Parents need more information about ways to increase lactation and breast hygiene

Stafford and Hernandez J (2008) conducted a study to estimate the incidence of puerperal mastitis in USA. Data collected included demographic characteristics treatment, duration of admission, and antibiotics exposure. 127 women were delivered, admitted for puerperal mastitis. The incidence period was 95 % mastitis was significant associated with younger women decreased parity, emergency LSCS The author concludes that the breast mastitis is common in LSCS.

Literature related to puerperal infection

Dushyant Maharaj (2009) stated that worldwide puerperal sepsis is a leading cause of maternal mortality, nosocomial infections as well as

exogenous infections are more in LCSC and antibiotics can play a major role in reducing the incidence of puerperal infections.

Andra H. James, MD; (2009) conducted descriptive study at Tikrit teaching hospital and 2 private hospitals. The study revealed that half of the 36.5% population from the age group of 20-34 years, had undergone emergency LSCS. It was found that, 31.5% complained post partum hemorrhage 17.5% of them of secondary type and 14% of primary type. 1% developed paralytic illness, 6-7.5% developed DVT, and 34% occurred within first week after emergency LSCS and 8% within operation.

Haas DM et al (2008) conducted randomized, controlled trial in women undergoing cesarean delivery with subjects assigned to have a preoperative vaginal cleansing with povidone. There were 155 vaginal cleansing subjects and 145 control subjects. Overall, 9.0% developed the composite outcome, with fewer women in the cleansing group (6.5%) compared with the control group (11.7%). Vaginal cleansing with povidone iodine before cesarean delivery may decrease postoperative morbidity is not statistically significant.

Hornsby Ku-ring-gai (2008) suggested women undergoing emergency Lower Segment Caesarian Section (LSCS), the post operative infections were as high as 20%. Current literature reviews have shown that postoperative infection can be up to 30% following a LSCS.

Gabriela Dimitriu et al (2008) highlighted that new prevention methods and techniques could reduce the incidence and severity of post-cesarean puerperal sepsis (uterine infarction, peritonitis, toxic shock syndrome with Group A streptococcus). The aim of this study was to assess some risk factors involved in puerperal sepsis, diabetes mellitus, preterm delivery and obesity, history of infections and anemia.

S Pothinam, et al (2008) found that the incidence of post-cesarean puerperal morbidity at Srinagarind Hospital, Khon Kaen University was 5.5 per cent, which is very low compared to other reports. Statistically significant risk

factors for emergency post-cesarean puerperal morbidity included having less than 4 antenatal care visits, duration of labour, Longer than 12 hours, and absence of prophylactic antibiotics.

Tania Marić, et al (2006) conducted study on 119 nulliparous women who had LSCS in year 2006 (Tested group) and 119 nulliparous women who had vaginal mode of delivery (control group) taking in count time of delivery. They analyzed type of puerperal disorders and their frequency in these groups and made comparison among them. The Frequency of puerperal disorders in nulliparous women delivered by emergency cesarean section is higher compared with nulliparous women who had vaginal mode of delivery ($\chi^2=15,015$; $p<0,001$). In tested group was found significantly higher frequency of anemia ($\chi^2=8,895$; $p=0,003$) and puerperal fever ($\chi^2=8,333$; $p=0,004$).

Charrier L (2006) conducted cohort study to estimate the incidence of post-partum wound infections following emergency caesarean section in a sample of low-risk women and to examine the main risk factors correlated. 430 mothers were included in the study. A data collection form was completed with woman's obstetric history, details of the operation and of any infection that occurred during hospital staying. Post-discharge telephone call-up surveillance after delivery was also performed 85% of infections was identified. The time between membrane rupture and start of the operation was found to be associated with the development of infection ($p = 0.04$). No statistically significant association with any of the other risk factors was found.

Literature related to ambulation

Winnie W. Sia, MD (2008) conducted a prospective cohort study of 194 patients randomly selected after Cesarean delivery. Venous thromboembolism is the leading cause of maternal mortality in the U.S. Cesarean delivery increases the risk of Venous thromboembolism Participants underwent lower extremity compression ultrasound prior to hospital discharge. Information was obtained through interviews and examinations.. Within the group of 194 participants, the rate of DVT was 0.5% the mean age was 29.9 yr.

Ten percent were emergency Cesarean delivery and 2% of participants received general anesthesia. Fifteen percent were on bed rest prior to delivery and 14% smoked during pregnancy. Findings suggest a low rate of DVT post CD of 5 per 1000 after anti coagulation therapy

Sanjay sharma et al (2008) conducted retrospective study of all 6987 women delivering at Ballarat Health Services between March 1999 and June 2006. Case notes of women with confirmed venous thromboembolism during this period were subjected to detailed analysis. The rate of venous thromboembolism was 1.14 per 1000 deliveries, with risk factors of age > 30 (100%), obesity (75%), previous history of thromboembolism (62.5%) and caesarean section (37.5%). Majority of cases were diagnosed in first trimester (62.5%), and in the right lower limb (75%). None of the patients had been given thromboprophylaxis. While the incidence and risk factors were similar to those generally quoted, a much higher incidence was found in early pregnancy, and in the right lower limb and post partum period.

Dimitrova V et al (2008) conducted a retrospective study at State University Hospital "Maichin". Data regarding complications following elective Cesarean section and emergency caesarean section was analyzed. The incidences of complications in 574 elective Cesarean section were 1.4% and in 292 emergency caesarean section were 2.05. The type of the following complications was compared in the two groups: uterine infections, wound infection, subfascial hematoma, sepsis, pelvic thrombophlebitis. Statistical evaluation of the results was performed by Student's t-test with $p < 0.05$ considered statistically significant.

Cooper AB et al (2008) conducted prospective cohort study. 194 patients were participated after LSCS. A lower extremity compression ultrasound was performed prior to hospital discharge. Only one participant developed DVT after cesarean delivery, giving an overall incidence of 0.5% (95% CI, 0.1 to 2.8%).

Literature related to Newborn care

Sánchez- Valverde, (2009) conducted a cross sectional study on the prevalence of allergic diseases in cow's milk allergy .Caesarean delivery is demonstrated as being a risk factor for cow's milk allergy since babies are put on pre lacteal feeds

Shreeprasad Patankar (2009) states The incidence of birth injuries of neonates has decreased considerably because of the identification of risk factors at an earlier stage and taking the decision for caesarian section (LSCS) at proper time

Dennis, C.L.(2008), Breast feeding rates decline rapidly in the first week LSCS periods of post partum, 40 % of Canadian mothers and 29 % of US mothers

RAO (2005) viewed that maintenance of proper warmth is essential for the babies. Since the newborn has to produce loss of energy to maintain body temperature. This involves utilization of body fat which lead to weight loss.. Mothers warmth is the best source of heat hence always keep the baby rooming in. This helps proper warmth adequate feeding and good maintenance of heat by the mother

SECTION –B

CONCEPTUAL FRAME WORK

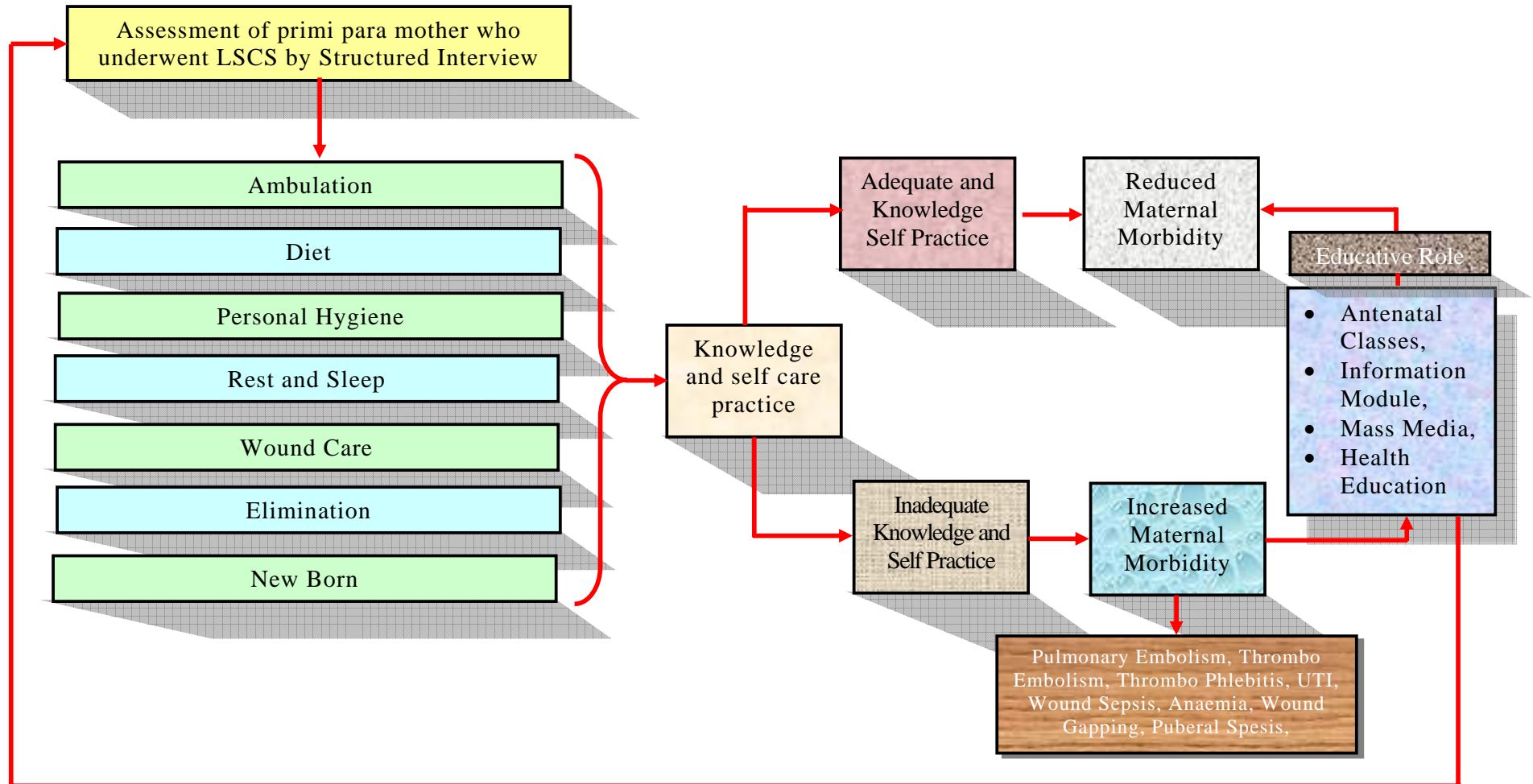
Dorothy Orem developed a definition of nursing that emphasizes those clients self care needs. Orem defines self care as a learned, goal oriented, activity directed towards the self in the interest of maintaining life, health development and well being. The goal of Orem's theory is to help the client perform self care. According to Orem nursing care is necessary when the client is unable to fulfill biological, psychological, developmental, or social needs. The nurse determines why clients is unable to meet these needs , what must be done to enable the client to meet them , and how much self care the client is able to perform . The goal of nursing is to increase the client's ability to independently meet these needs

A supportive nursing system is used when a patient can be self care requisites but needs assistance with decision making. Behaviour control, or knowledge acquisition skills in this system, the nurse attempts to promote the self care agency

Orem's self care theory is used to explore the research process. The self care model of Nursing described by Orem is based on the premise that people are usually self reliant, responsible individuals capable of meeting their own self care health needs. Deficiency in practices following LSC S may be at various levels depending upon the knowledge of the individual

By assessing the knowledge and practice it will help the researcher to finds out the reason for inadequate knowledge and practice. By provision of adequate knowledge and motivation to practice about post natal care following surgery, leads to reduction in maternal and infant morbidity and morbidity.

FIGURE-1: CONCEPTUAL FRAME WORK



MODIFIED OREM'S SUPPORTIVE EDUCATION SYSTEM MODEL OF SELF CARE (1971)

CHAPTER- III METHODOLOGY

Research methodology is the systematic procedure by which the investigator starts from Initial identification of the problem to the final conclusion and it involves research approach, setting of the population, selection of sample, description of tool, testing of tool, data collection steps, procedure, and Strategies for gathering, organizing and analyzing the data for study.

RESEARCH DESIGN

Research design is a blue print for conducting a study that maximizes the control over factor that could interfere with the validity of the findings or it depicts the overall plan for organization of scientific investigation.

A research approach used for the study was Quantitative approach .The research design used for the study was descriptive design. This approach was considered most appropriate as the study was focused to assess the level of knowledge and selected practices in post operative care among primi mother who underwent emergency LSCS.

SETTING OF THE STUDY

The hospital selected for this study is institute of Obstetrics and Gynecology Chennai -8. This institute has 770 beds exclusively for women and children. This is the tertiary care hospital. Obstetrics and gynecological cases have been admitted. This study was conducted in the immediate caesarean section post operative ward and Caesarean post operative ward.

The total bed strength in post operative ward is 60 beds. There are fifteen to twenty cases undergoing emergency LSCS per day. After the operation the mothers have been transferred to immediate post operative ward. The patients stay there for one day then the mothers are transferred to post operative ward 131, 132, 133, and 134 according to units. The suture removal

is done on eighth day, they may be discharged on the same day or they will be discharged on the ninth day of post operation.\

POPULATION

The population of this study consists of primi para mothers undergoing emergency LSCS at Institute of Obstetrics and Gynaecology Chennai.

SAMPLING TECHNIQUE

Every day fifteen to twenty mothers are undergoing emergency LSCS, out of that ten to twelve are primi para mothers. The primi mothers who fulfill the criteria are numbered and given name list. Finally the lot is made and samples are selected by lottery method

SAMPLE SIZE

The sample consists of 100 primipara mothers who undergo emergency LSCS and fulfill the inclusive criteria during the study period

Inclusion Criteria

- 1) Primipara mothers who underwent emergency LSCS
- 2) Mothers with live babies and term babies
- 3) Willing to participate

Exclusion Criteria

- 1) Mothers who underwent elective LSCS
- 2) Mothers with co existing medical problems
- 3) Mothers with obstetrical complications

DEVELOPMENT OF THE TOOL

The structured interview schedule was used to “Assess the learning needs of the mother by the investigator, based on literature review, past experience and guidance of the experts in the field of Nursing and obstetrics. 30 question were developed to assess the knowledge and for selected practice

likert scale was used .so totally 40 question were developed” It was tested for its validity and reliability. Validity of the tool was assessed using content validity. Content validity was determined by experts from Nursing and obstetritics. They suggested certain modifications in the tool. After the modifications they agreed the tool for assessing learning needs and self care practice on postnatal care.

VALIDITY

Validity of the tool was assessed using content validity. Content validity of the tool was obtained from two obstetrician, two Nursing experts, and one statistician. The tool was modified based on the recommendation

RELIABILITY OF THE TOOL

After pilot study reliability of the tool was assessed by using Test retest method and Cron bach Alpha method. Learning needs questionnaire reliability was assessed using test retest method and its correlation coefficient value was 0.82. Practice questionnaire reliability was assessed using Cron bach Alpha method its Alpha coefficient value was 0.84. These correlation coefficients are very high and is a good tool for assessing learning needs and self care practice on postnatal care..

DESCRIPTION OF THE TOOL

The interview schedule designed for the study consists of three parts

PART- I

Comprised of demographic variables like, age, religion, education, d occupation, type of family and place of residence.

PART-II

Comprised of questions relevant to, ambulation, diet, elimination, rest and sleep personal hygiene, wound care and Newborn care

OBSERVATIONAL CHECK LIST

Self care practice was assessed with observational check list for three days. It was assessed between 1-4 pm to measure the response very often, often, sometimes, rarely and never.

CRITERIA FOR SCORING

The score helps to categories the level of knowledge of the subjects in the sample based on the distribution of items

PART-II

It includes thirty questions

Each correct answer carries one mark

Wrong answer carries zero mark

SCORING

(Above 15 marks) : Low learning needs

(Below 15 marks) : High learning needs

PART-III

Consists of observational check list to assess the selected practices for the mothers for three days, it was assessed between 1pm to 4pm and measured with likert scale like very often , often , sometimes , rarely , never. There were ten statements.

Very often -5, often-4, sometimes-3, rarely-2, never -1

SCORING

Good practice Score	Above 37.5	(>75%-100%)
Moderate practice Score	37.5 - .25	(50-75%)
Poor practice Score	Below 25	(<50%)

ETHICAL CONSIDERATION

Ethical consideration was obtained from ethical committee at Madras Medical College and permission was obtained from the Director of IOG to conduct the study

PILOT STUDY

The study was conducted for three days from the tool was administered to ten subjects in the same setting to find out the validity and feasibility of the tool. Study was conducted as per plan of data collection. These subjects were able to comprehend the interview schedule and supply the relevant information. On the basis of responses the investigator felt that there was a need to modify certain question. Accordingly necessary modifications were made in the tool. The technique was found to be adequate and feasible. The interview time needed for each client was 30-40 minutes. To ensure achievement of the objectives of the study, data analysis of pilot study was done. These primi para mothers were excluded from the actual study

DATA COLLECTION PROCEDURE

Before commencing the study the investigator met concerned authorities of the institution, these include the Director of the Institute of Obstetrics and Gynecology, the Head of the Department and explained to them about data collection procedure. The necessary permission was taken in written and verbal form from concerned authorities. Care was taken to avoid any type of inconvenience or disruption to the hospital routine. All these activities helped to develop a good interpersonal relationship which resulted in greater co-operation from the hospital.

Data was collected for the period of one month from 16/12/ 2010 to 15/1 /2011 The investigator was present in the immediate post operative ward from 8 am to 10 am and ward no 131, 132, 133 and 134 from 1pm to 4 pm on all days .The subjects were approached in the first post operative ward .The investigator introduced herself and explained about the study. Subject willingness was sought since sharing information regarding learning needs and written consent was obtained. Care was taken in providing privacy; operative day mothers

responded well and answer the questions. On the same day the investigator went to the ward no 131, 132, 133, and 134 and observed self care practices from 1pm to 4pm followed 2nd, 3rd and 4th post operative period respectively

DATA ANALYSIS

Data analysis is planned to interpret with the descriptive statistical tests like mean and standard deviation and inferential statistical tests like chi-square test and Karl Pearson correlation coefficients

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of the study subjects, statistical analysis and interpretation on of data collected to evaluate the objectives and to test the hypothesis

Analysis is defined as categorizing, ordering, manipulating and summarizing of the data to obtain answer to research question. The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations to each problem can be studied and tested. Descriptive statistics (frequency and percentage) was used for the demographic variables. Inferential statistical was used for analysis of learning needs and self care practices .Karl pear sons and chi – square test was used for association with demographic variables.

THE ANALYSIS AND INTERPRETATION IS PRESENTED IS UNDER THE FOLLOWING HEADINGS

- Section-I: Distribution of samples according to demographic characteristics of primi mothers undergoing emergency LSCS

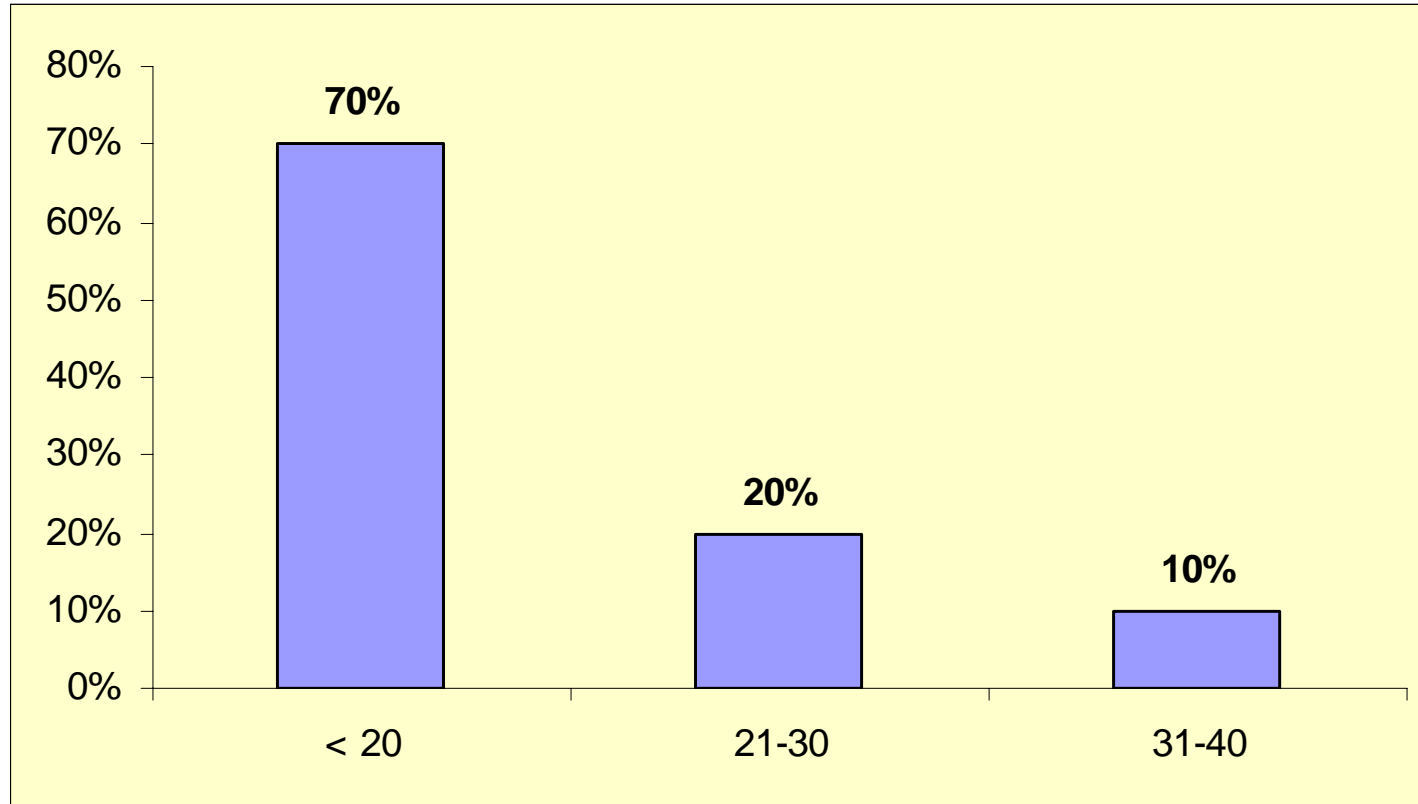
- Section-II: Distribution of sample according to overall level of learning needs of primipara mothers undergoing emergency LSCS

- Section-III: Distribution of sample according to overall level of self care practice of primipara mothers who underwent emergency LSCS

- Section-IV: Correlation between learning needs and self care practice

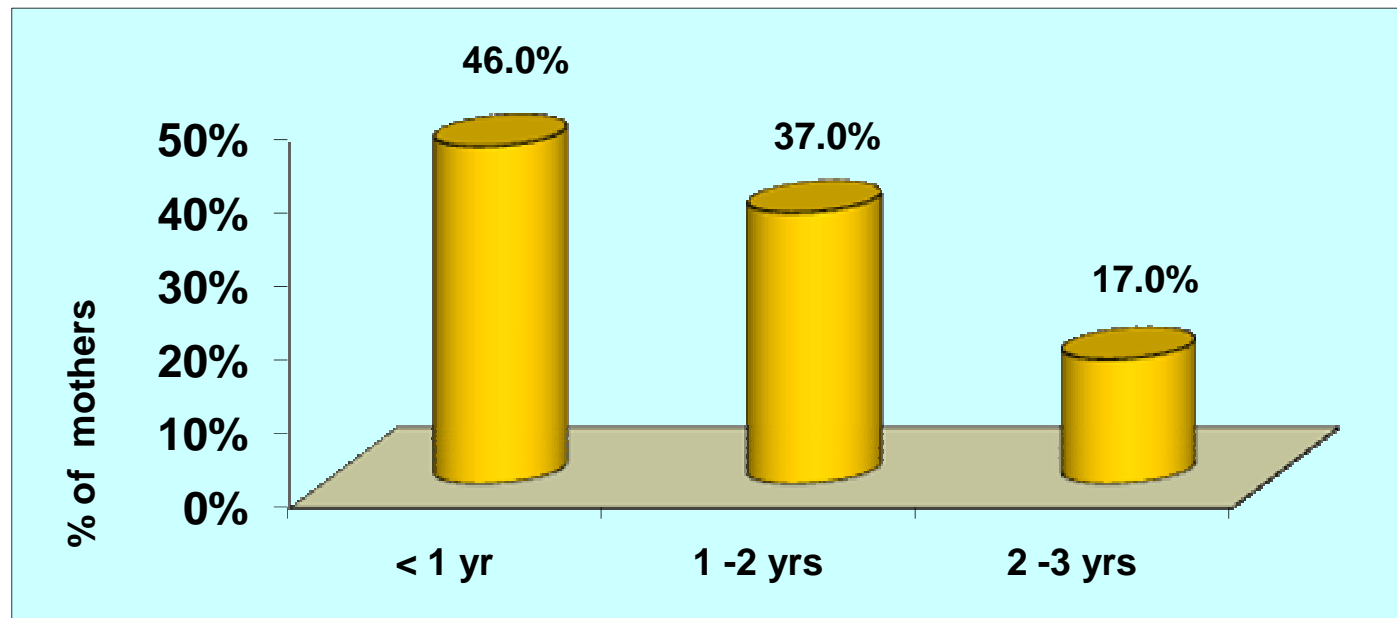
- Section-V: Association between levels of learning needs with selected demographic variables

Figure-2: Age distribution of primipara mothers underwent emergency LSCS



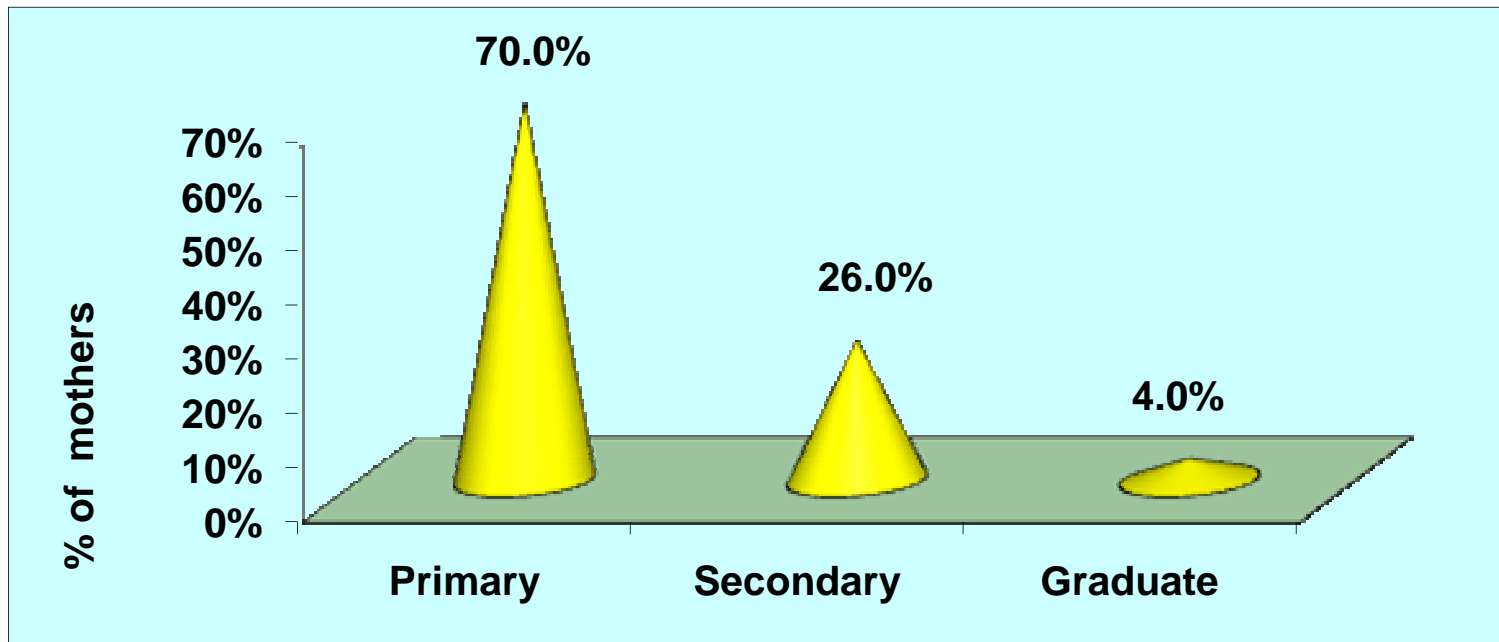
The above figure represented that the majority of primipara mothers 70 (70%) under the age group of below 20 years.

Figure-3: Number of marital year distribution of primipara mothers underwent emergency LSCS



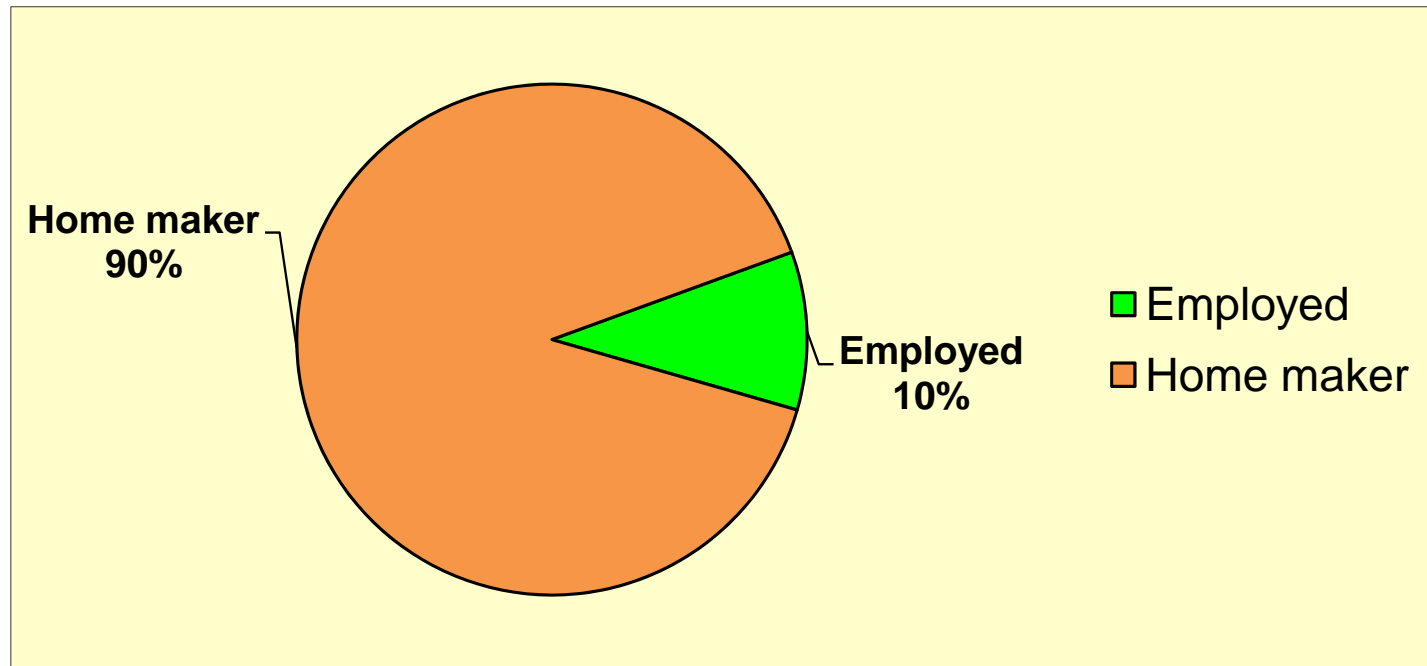
The above figure depicted that majority of the proportion 46 (46%) of primipara mothers number of marital years was below 1 year.

Figure- 4: Distribution of primipara mothers underwent emergency LSCS with regards of Educational Status



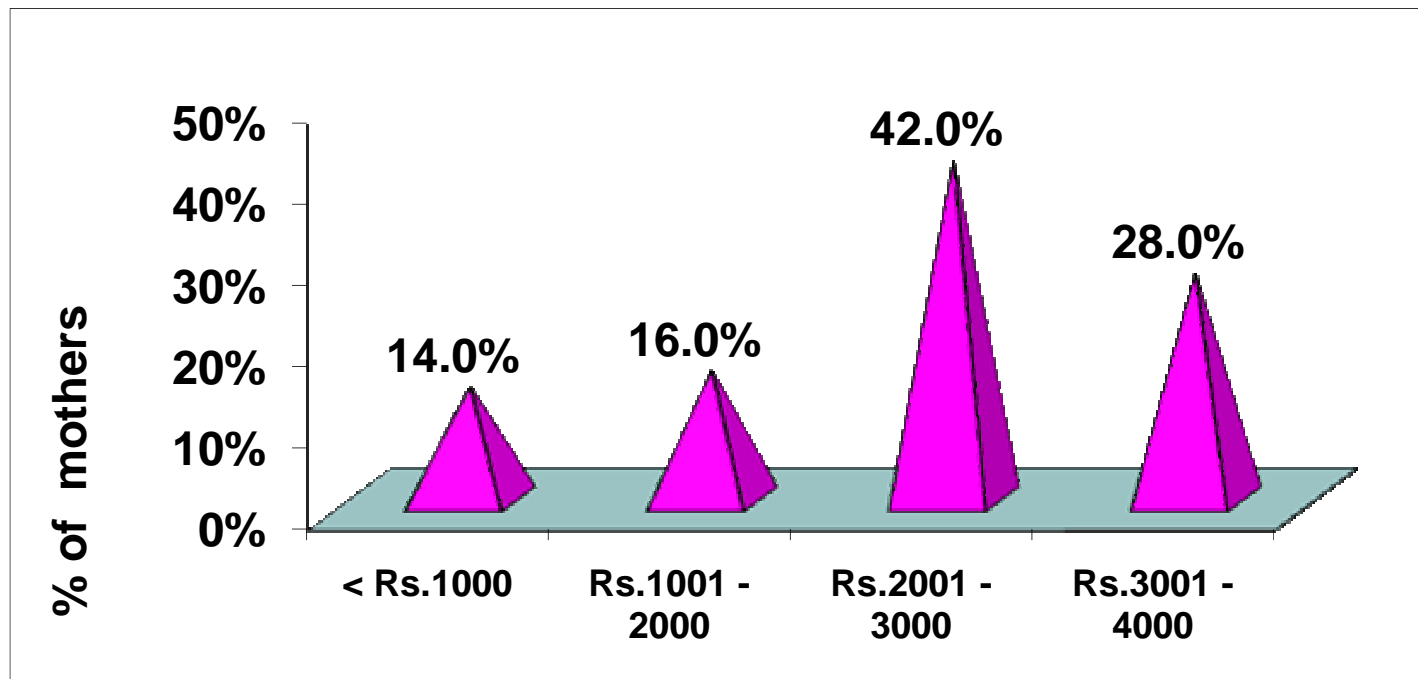
The above figure showed that more than half of the proportion 70 (70%) primipara had primary education.

Figure – 5: Distribution of Primipara mothers underwent LSCS with regards of occupational status



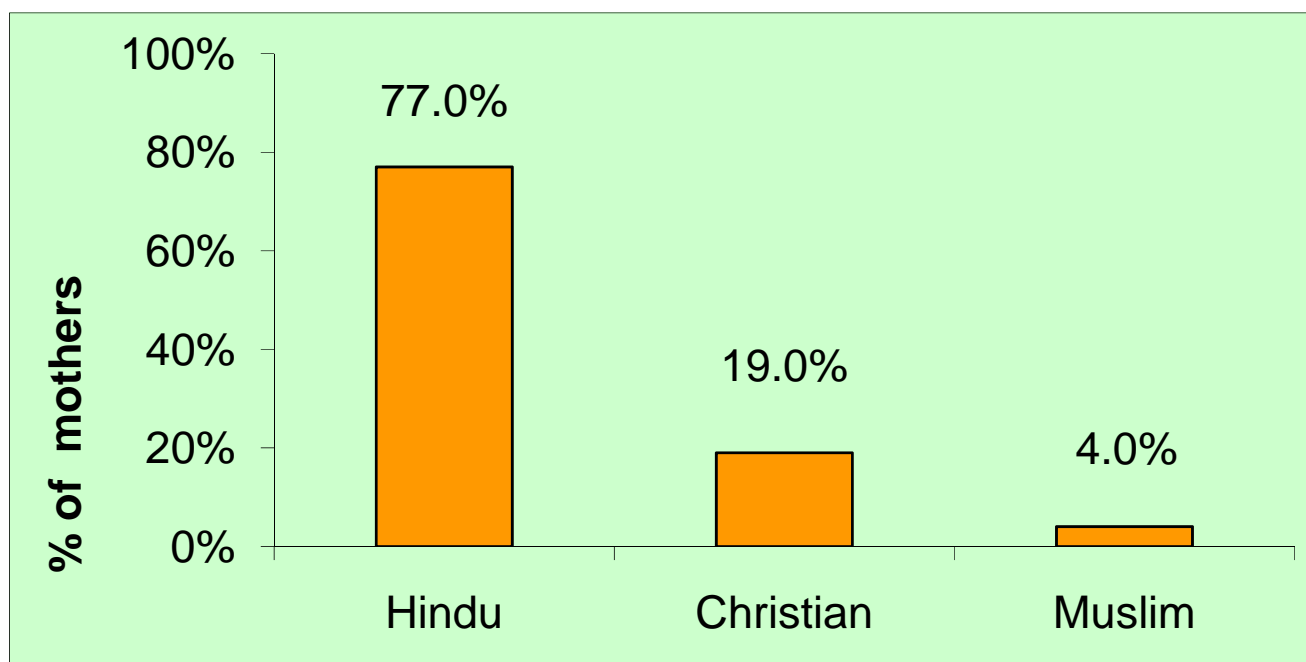
The above figure revealed that majority of proportion 90 (90%) of primipara mothers are home maker.

Figure- 6: Distribution of primipara mothers underwent emergency LSCS according to their monthly income



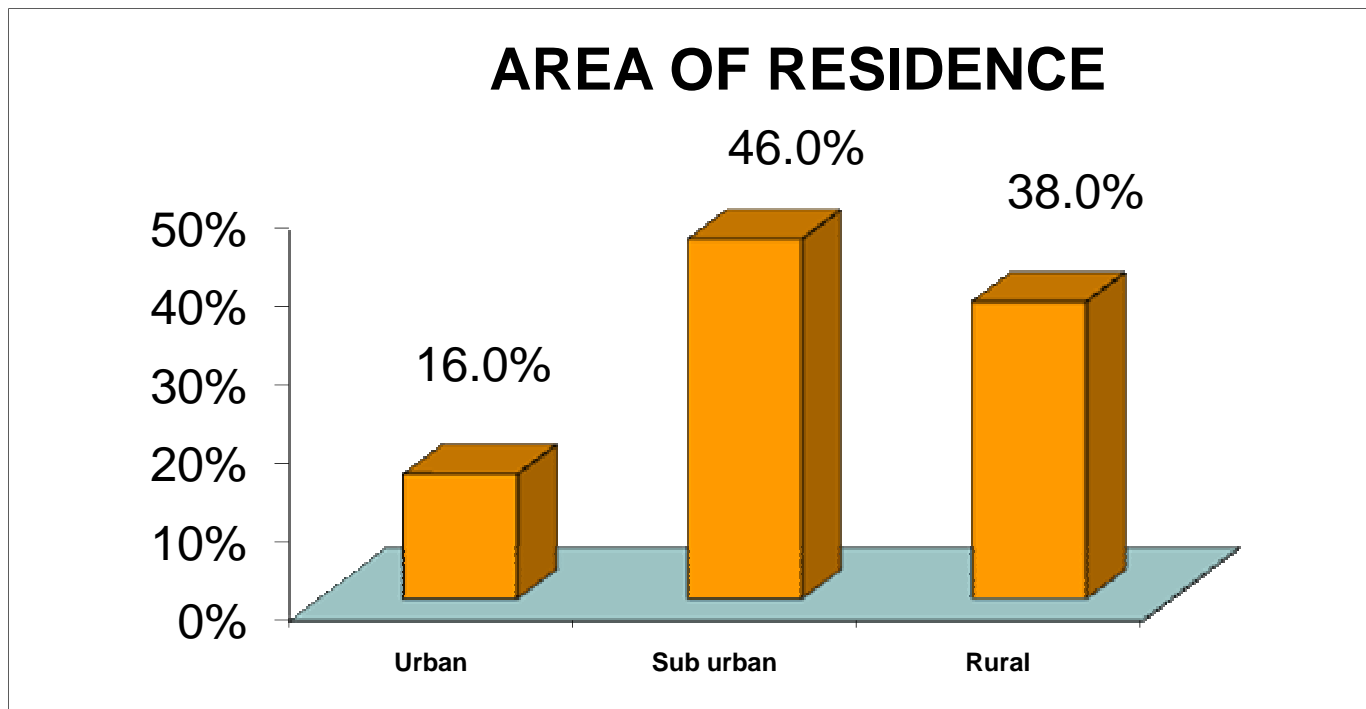
The above figure represented that majority 42 (42%) of the primipara mothers income between 2001Rs – 3000Rs.

Figure- 7: Distribution of primipara mothers underwent emergency LSCS according to their religion



The above figure revealed that more than half of the proportion 77 (77%) of primipara mothers are belongs to Hindu religion.

Figure-8: Distribution primipara mothers underwent emergency LSCS according to their Area of residence



The above figure shows that the majority of 46 (46%) primipara mother were from sub urban area.

SECTION-II
ASSESS THE LEARNING NEEDS OF THE PRIMI PARA
MOTHERS WHO UNDERWENT EMERGENCY LSCS

Table -3:
Frequency and percentage distribution of learning needs of the primi
para mothers undergone emergency LSCS

<i>Knowledge</i>	<i>No. of questions</i>	<i>Min –Max score</i>	<i>Knowledge score</i>	
			<i>Mean ±SD</i>	<i>%</i>
Early Ambulation	2	0 -2	0.56±0.59	28.0%
Diet	3	0 -3	1.20±0.98	40.0%
Elimination	4	0 -4	1.34±0.62	33.5%
Rest and sleep	2	0 -2	1.22±0.68	61.0%
New born care	10	0 -10	4.08±1.13	40.8%
Care of surgical wound	5	0 -5	1.22±0.72	24.4%
Personal hygiene	4	0 -4	2.62±0.56	65.5%

The above table shows that the primi para mothers undergone emergency LSCS did not have adequate knowledge regarding postnatal care in early ambulation (28%), elimination (33.5%) and care of surgical wound (24.4%).

Table- 2

***Standard deviation of the learning needs of the primi mothers
undergone emergency LSCS***

	No. of questions	Min- max score	Mean \pm SD	%
Overall learning score	30	0 -30	12.24 \pm 2.43	40.8%

The above table depicts the overall percentage of learning needs of primi para mother undergone emergency LSCS regarding postnatal care. 40.8 percent of women had adequate knowledge regarding post natal care so learning need was 59.2% on an average on postnatal care.

SECTION- III
IDENTIFY THE SELF CARE PRACTICES AMONG PRIMI
PARA MOTHERS WHO UNDERWENT EMERGENCY LSCS

Table -3
Frequency distribution of primi para mothers according to self care
peactices regarding post natal care practice score on day 2

	Never		Rarely		Sometimes		Often		Very often	
	n	%	n	%	n	%	n	%	n	%
Ambulation	97	97.0%	3	3.0%	-	-	-	-	-	-
Intake of water	-	-	17	17.0%	60	60.0%	23	23.0%	-	-
New born feeding	-	-	-	-	66	66.0%	10	10.0%	24	24.0%
Bonding	-	-	-	-	-	-	100	100.0%	-	-
Baby napkin changing	-	-	-	-	91	91.0%	3	3.0%	6	6.0%
Personal hygiene	96	96.0%	4	4.0%	-	-	-	-	-	-
Perineal hygiene	-	-	21	21.0%	79	79.0%	-	-	-	-
Follows breast hygiene	92	92.0%	8	8.0%	-	-	-	-	-	-
Position preferred	15	15.0%	45	45.0%	40	40.0%	-	-	-	-
Burping	99	100.0%	-	-	-	-	-	-	-	-
	-	-	-	-	--	-	-	-	-	-

Table 3 indicates the self care practices of primipara mothers on second day of emergency LSCS was not satisfactory in aspect of ambulation, perineal hygiene ,personal hygiene, breast hygiene and burping. Majority of mothers 97 (97%) were never ambulated and 96(96%) mothers never maintained their personal hygiene. Out of 100 mothers 79(79%) did not practice good perineal hygiene, and 92 (92%) mothers did not follow breast hygiene. 99(99%) mothers never burped the babies after feed.

Table -4 : Frequency distribution of primi para mot hers according to self care practices regarding post natal care. practice score on day- 3

	Never		Rarely		Sometimes		Often		Very often	
	n	%	n	%	n	%	n	%	n	%
Ambulation	72	72.0%	28	28.0%	-	-	-	-	-	-
Intake of water	-	-	-	-	50	50.0%	19	19.0%	31	31.0%
New born feeding	-	-	-	-	12	12.0%	60	60.0%	28	28.0%
Bonding	-	-	-	-	-	-	50	50.0%	50	50.0%
Baby napkin changing	-	-	-	-	41	41.0%	53	53.0%	6	6.0%
Personal hygiene	56	56.0%	44	44.0%	-	-	-	-	-	-
Perineal hygiene	-	-	21	21.0%	65	65.0%	14	14.0%	-	-
Follows breast hygiene	73	73.0%	17	17.0%	10	10.0%	-	-	-	-
Position preferred	1	1.0%	22	22.0%	50	50.0%	27	27.0%	-	-
Burping	75	75.0%	25	25.0%	-	-	-	-	-	-

Table 4 shows the self care practices of primipara mother's undergone emergency LSCS had shown improvement on third day in aspect of ambulation, perineal hygiene, personal hygiene, breast hygiene and burping the baby after feed. 72 (72%) mothers were never ambulated and 56 (56%) mothers never maintained their personal hygiene. Out of 100 mothers 65 (65%) did not practice good perineal hygiene, and 73 (73%) mothers did not follow breast hygiene. 75(75%) mothers never burped the babies after feed.

Table 5: Frequency distribution of primi para mothers according to self care practice regarding post natal care

Practice Score on Day - 4

	<i>Never</i>		<i>Rarely</i>		<i>Sometimes</i>		<i>Often</i>		<i>Very often</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Ambulation	19	19.0%	14	14.0%	17	17.0%	50	50.0%	-	-
Intake of water	-	-	-	-	22	22.0%	46	46.0%	32	32.0%
New born feeding	-	-	-	-	-	-	58	58.0%	42	42.0%
Bonding	-	-	-	-	-	-	17	17.0%	83	83.0%
Baby napkin changing	-	-	-	-	43	43.0%	26	26.0%	31	31.0%
Personal hygiene	50	50.0%	21	21.0%	29	29.0%	-	-	-	-
Perineal hygiene	16	16.0%	-	-	50	50.0%	34	34.0%	-	-
Follows breast hygiene	34	34.0%	16	16.0%	49	49.0%	1	1.0%	-	-
Position preferred	-	-	12	12.0%	52	52.0%	36	36.0%	-	-
Burping	52	52.0%	48	48.0%	-	-	-	-	-	-

Table 5 -The self care practice score of primi para mothers after emergency LSCS was shown moderate practice on the 4 th day in aspect of ambulation, perineal hygiene ,personal hygiene, breast hygiene and burping the baby after feed. 50 (50%) mothers were often ambulated and only 50 (50%) mothers never maintained their personal hygiene. Out of 100 mothers 50 (50%) practiced good perineal hygiene, and 49 (49%) mothers followed breast hygiene. 52(52%) mothers never burped the babies after feed.

Table 6: Distribution of primi para mothers of mean self care practice scoring

Mean practice score				
	Min - Max	Day2	Day3	Day4
Ambulation	1- 5	1.03	1.28	1.98
Intake of water	1- 5	3.06	3.81	4.10
New born feeding	1- 5	3.58	4.16	4.42
Bonding	1- 5	4.00	4.50	4.83
Baby napkin changing	1- 5	3.15	3.65	3.88
Personal hygiene	1- 5	1.04	1.44	1.79
Perineal hygiene	1- 5	2.79	2.93	3.02
Follows breast hygiene	1- 5	1.08	1.37	2.17
Position preferred	1- 5	2.25	3.03	3.24
Burping	1- 5	1.00	1.25	1.48

From the above table it is evident that the self care practice level increased every day. The mean practice score in intake of liquids from 3.06 to 4.10, new born feeding from 3.58 to 4.42 and position preferred from 2.25 to 3.24. Not much difference in ambulation, personal hygiene breast hygiene, and burping

Table7: Level of self care practice

<i>Level of practice</i>		<i>No. of mothers</i>	<i>%</i>
Day2	Poor	80	80.0%
	Moderate	20	20.0%
Day3	Poor	67	67.0%
	Moderate	33	33.0%
Day4	Poor	55	55.0%
	Moderate	45	45.0%

Table No.10 shows that 80 (80%) mothers were having poor practice on 2nd day ,55 (55%) mothers were having poor practice on the 4th day

SECTION- IV

Identify the relationship between learning needs and self care practice

Table 8: Correlation between learning needs and self care practice score

	<i>Mean ±SD</i>	<i>Karl pearson Correlation coefficient</i>
Learning Need Score	12.24±2.43	r=0.45 P=0.01*
Self care Practice score	31.78±3.36	

It was found that(**r=0.45 P=0.01***) there was a significant positive moderate correlation between the learning needs and the self care practice of primipara mother undergone emergency LSCS .

FIGURE -8:

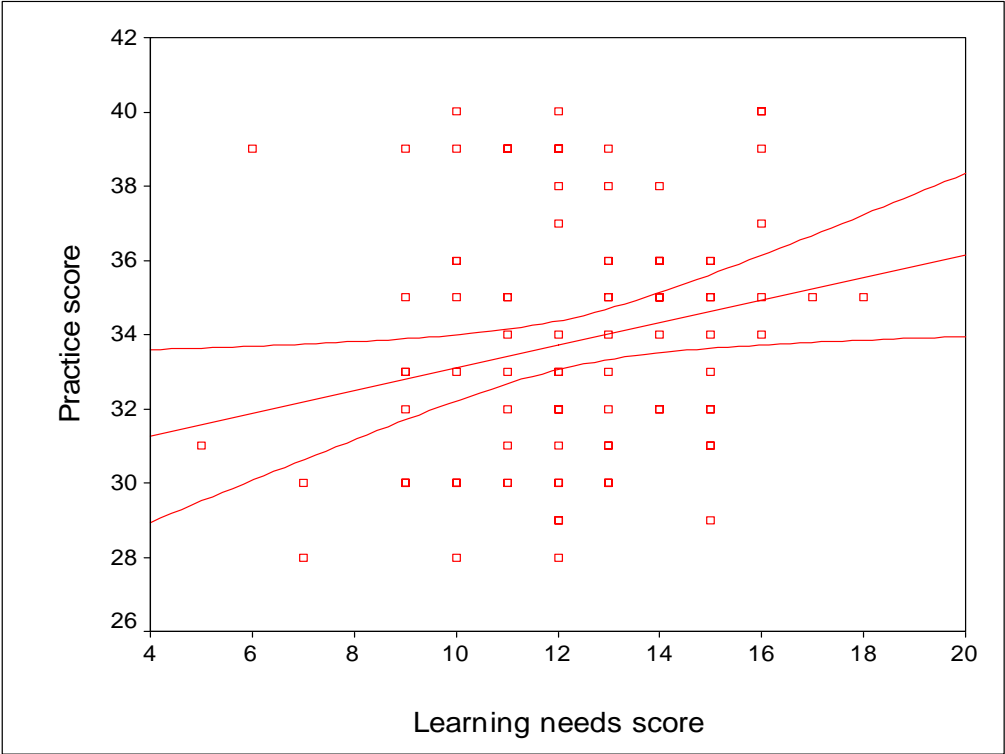


Fig 13: Scatter diagram shows the moderate positive correlation ($r=0.45$ $P=0.01$) between learning needs score and self care practice score,

SECTION- IV

Objective 4: To find out the association between levels of learning needs and self care practice with their selected demographic Variable

Table - 9: Association between levels of learning needs with demographic variables

		Level of needs				n	Pearson chi square test
		High needs		Low needs			
		n	%	n	%		
Age	< 20 yrs	62	88.5%	8	11.5%	70	$\chi^2=8.79$ P=0.01** DF=2, significant
	20 -30 yrs	13	65.0%	7	35.0%	20	
	30 -40 yrs	6	60.0%	4	40.0%	10	
Education	Primary	62	88.6%	8	11.4%	70	$\chi^2=9.22$ P=0.01** DF=2, significant
	Secondary	17	65.4%	9	34.6%	26	
	Graduate	2	50.0%	2	50.0%	4	
Area of residence	Urban	9	56.3%	7	44.7%	16	$\chi^2=8.21$ P=0.01** DF=2, significant
	Sub urban	38	82.6%	8	17.4%	46	
	Rural	34	89.4%	4	11.6%	38	

The data presented revealed the relationship between the learning needs of primipara mothers on postnatal care with the age, education, and the area of residence was significant. The age below 20 yrs, primary educated women and the area of rural and urban mothers had high learning needs regarding post natal care than others.

CHAPTER-V DISCUSSION

Caesarean section is undertaken to improve maternal or fetal outcome, and also to reduce anticipated complications from spontaneous labour and vaginal delivery .Over the last ten years the rising caesarean section rate in the developed world has stimulated discussion of best anesthetic and obstetric practice .WHO recommends an optimum caesarean section rate of 5-15% to ensure best maternal and newborn outcome. Caesarean section itself is associated with a significant morbidity and mortality and improvements in post operative care and anesthetic management can reduce this problem. In a prospective study conducted in Latin America which investigated more than 105, 000 deliveries, mothers delivered by caesarean section were over 2 times more likely to suffer from severe maternal morbidity compared with vaginal delivery. Neonatal mortality was also increased by over 1.7 times so the investigator wanted to assess the knowledge regarding post natal care after LSCS among primipara mothers.

This study was done to identify the learning needs and self care practices regarding post natal care of primipara mother undergone emergency LSCS. A descriptive study research design was selected for the study,. The sample composed of 100 primipara mothers selected by simple random sampling technique of lottery method.. The study was conducted at institute of Obstetrics and Gynecological Hospital for women and children .Chennai.

The research study had been discussed based on the objectives and the following supported studies

The distribution of demographic characteristics of primipara mothers undergone emergency LSCS was ,Out of 100 primipara women, majority 70 (70%) of them were aged below 20 years, and 46(46%) were married since below 1 year .It was seen that among 70(70%) of them had primary education and 77 (77%) mothers were Hindus. Many of the primipara mothers 90(90%) were home makers. majority of their income 42 (42%) was 2001-3000 Rs. Out 100 women 46(46%) were from suburban area. This is consistent with the study

done by ***Andra H. James, MD; (2009)*** conducted descriptive study at Tikrit teaching hospital and 2 private hospitals. The study revealed that half of 36.5% population from the age group of 20-34 years, had undergone emergency LSCS

Gar maroudi et al (2008) found cesarean section prevalence is 25.8% and 25 % in primi and multigravida respectively. The caesarean section was significantly associated with socio economical condition of family and educational and occupational status of the mother ($p < 0.001$)

Maternal age has definite effects on the outcome of pregnancy. The mother and fetus are both at higher risk when the mother is young and adolescence. The young mother and adolescence mothers are inexperienced and unprepared to recognize the early signs of illness, potential dangers. The higher mortality rate among infants of adolescents and young mothers are attributed to the inexperience, lack of knowledge and immaturity of the mother which causes them to be unable to recognize a problem and obtain the necessary resource to rectify the situation. Findings reveal that majority of mothers got married below 20 years and married since below 1 year and most of them were from sub urban area. This shows women belong to sub urban area had not been given importance for female education and a young pregnancy is still exists.

The first objective of the study was to assess learning needs of primipara mothers who underwent emergency LSCS regarding post natal care

The primi para mothers who had undergone emergency LSCS do not have adequate knowledge regarding postnatal care in early ambulation (28%), elimination (33.5%) and care of surgical wound (24.4%) The mean score of learning needs on post natal care after Caesarean section of primipara mother was 40.8 percent of women had adequate knowledge regarding post natal care so learning need is 59.2% on an average on postnatal care among primi para mothers. Early ambulation is successful in reducing the incidence of thromboembolism and in promoting women for more rapid recovery of strength, They are not having adequate knowledge about ambulation,

elimination, wound hygiene, and wound care following cesarean section but they have adequate knowledge in the area of diet, rest and sleep, baby care, breast feeding, personal hygiene, perineal hygiene. This is consistent with the study conducted by **Laanterä S, et al (2009)** conducted the web based Breastfeeding Knowledge; Attitude with Confidence scale. He concluded the weak response rate requires attention. Parents need more information about ways to increase lactation and breast hygiene the adequate support and developmentally appropriate teaching, young mothers can learn effective parenting skills

The second objective of the study was to identify the self care practices among primipara mothers.

With the advancement of education, development of communication, technology, growing health consciousness, media, still mothers did not perform good self care practices following surgery. Majority of mothers do not follow the breast hygiene they do not cleaned the breast before and after feeds, most of the mothers never burped their babies after the feeds. Their knowledge about breast feeding, breast hygiene and personal hygiene was adequate but they performed poor practice during the postoperative period. Majority of mother showed better performance in mouth care, hair care but poor performance in skincare, but overall self care practices was between moderate to poor but none of the mother followed good practices during post operative period. The mean practice score in intake of liquids from 3.06 to 4.10, new born feeding from 3.58 to 4.42 and position preferred from 2.25 to 3.24. Not much difference in early ambulation, breast hygiene, and burping the baby after feeding and also 80 (80%) mothers were having poor practice on 2nd day but only 55 (55%) mothers were having poor practice on the 3rd day. This is consistent with the study conducted by **Soltani MS, Sakouhi et al** to evaluate the knowledge of mothers in the area of post natal preventive care for women. A cross-sectional survey was carried out among 915 parturient women, the majority of women (95%) are aware of the importance of post natal care, yet 12% don't have any knowledge of the recommended number of post natal visits. Knowledge concerning about postnatal care is high but practice in these areas is not satisfactory

The third objective was to identify the relationship between learning needs and self care practice among primi para mothers

There was a significant positive moderate correlation between the learning needs and the self care practice of primipara mother undergoing emergency LSCS .Scatter diagram shows the moderate positive correlation ($r=0.45$ $P=0.01$) between learning needs score and self care practice score .If learning needs score increases practice score also will increase .The mothers had high learning needs in the area of ambulation ,wound care and elimination but they performed poor practices in the area of breast hygiene, skin care , burping the baby after feeds even though they had adequate knowledge in these area This reveal knowledge regarding postnatal care was adequate in some of the area but their performance was poor

The fourth objectives was to association between learning needs with selected demographic variables

There is a significant relationship between the learning needs of primipara mothers on postnatal care with the age, ($\chi^2=8.79$ $p=0.01$ $DF=2$) education ($\chi^2=9.22$ $p=0.01$ $DF=2$), and the area of residence($\chi^2=8.21$ $p=0.01$ $DF=2$) .This is consistent with the study conducted by ***Salomi Thomas (2005)*** conducted descriptive study design at St John Medical College hospital states that mean percentage of knowledge score on post natal mothers from rural setting was 38.43 % and mothers from urban setting following LSCS was 49.5. It was found positive correlation between knowledge and practice and association between knowledge and demographic variables of their age, occupation and parity was significant

It was found that there was a significant positive moderate correlation between the learning needs and the self care practice of primipara mother who underwent emergency LSCS .Hence the hypothesis stated was accepted which concluded that there is a significant relationship between the learning need and self care practice

CHAPTER VI

SUMMARY, FINDING, CONCLUSION AND RECOMMENDATIONS

This chapter deals with the brief review of the summary, findings, conclusion, implication and recommendation for further research

SUMMARY OF THE STUDY

The study was concluded to assess the learning needs and self care practices regarding post natal care among primi para mothers undergoing emergency LSCS at Institute of Obstetrics and Gynecological hospital for women and children. Egmore . Chennai.

OBJECTIVES OF THE STUDY WERE

- 1) Assess the learning needs of primi para mothers undergoing emergency LSCS
- 2) Identify the self care practices among primi para mothers undergoing LSCS
- 3) Identify the relationship between learning needs and self care practice
- 4) Associate the learning needs with selected demographic variables
- 5) Prepare the information module regarding post natal care

The research hypothesis of the study was there is significant difference between the Learning needs and self care practice regarding postnatal care among primi para mothers who underwent emergency LSCS

Review of literature was done from primary and secondary source that formed the basis of selection of problem. Formation of tool conceptual frame work and preparation of the protocol

The conceptual frame work based on the Orem's supportive education system model of self care (1971) it was an appropriate model prescribed

comprehensive frame work to achieve the objectives of the study. A descriptive research design was selected for the study.

The tool consisted of demographic data , structured interview schedule on ambulation, diet elimination ,rest and sleep , new born care , wound care , personal hygiene check list on self care practices

The pilot study was done in institute of obstetrics and gynaecology hospital for women and children, Egmore Chennai with 10 women who underwent emergency LSCS . The reliability was tested with test retest method and cron bach alpha method. The study was found to be feasible to proceed with the main study.

The main study was conducted on 100 primipara mothers selected by simple random technique of lottery method. The study was conducted at IOG, Chennai.

The data was collected and analyzed and interpreted based on their objectives using descriptive and inferential statistics.

FINDINGS

- ❖ The majority 70 (70%) of them were aged below 20 years,
- ❖ It was seen that among 70(70%) of them had primary education
- ❖ Majority women 46(46%) were from suburban area
- ❖ The primi para mothers undergoing emergency LSCS did not have adequate knowledge regarding postnatal care in early ambulation (28%), elimination (33.5%) and care of surgical wound (24.4%)
- ❖ The overall percentage of learning needs of primi para mother undergoing emergency LSCS regarding postnatal care was 40.8 percent of women had adequate knowledge regarding post natal care so the learning need was 59.2% on an average on postnatal care

- ❖ The mean practice score in intake of liquids from 3.06 to 4.10, new born feeding from 3.58 to 4.42 and position preferred from 2.25 to 3.24. Not much difference in early ambulation, breast hygiene, personal hygiene and burping the baby after feeding
- ❖ Majority 80 (80%) mothers were having poor practice on 2nd day but only 55 (55%) mothers were having poor practice on the 3rd day
- ❖ There was the moderate positive correlation ($r=0.45$ $P=0.01$) between learning needs score and self care practice score so if learning needs score increases practice score also will increase
- ❖ There was a significant relationship between the learning needs of primipara mothers on postnatal care with the age, ($\chi^2=8.79$ $p=0.01$ $DF=2$) education ($\chi^2=9.22$ $p=0.01$ $DF=2$), and the area of residence($\chi^2=8.21$ $p=0.01$ $DF=2$) .

CONCLUSION

This study showed that the primipara mothers had high learning needs regarding post natal care after emergency LSCS and their self care practices performed was poor. They had adequate knowledge about baby care, bonding, diet and personal hygiene but had poor practices in the aspect of ambulation, skin care, intake of water, breast hygiene and burping .The self care practice s was increased every day, because awareness created by the health personnel during hospital stay. The overall self care practice was moderate and poor. Import knowledge regarding postnatal care during antenatal period can make them to perform the self care practices fairly well and the length of hospital stay of the patient can also be minimized.

NURSING IMPLICATIONS

The findings of the study have implications to Nursing service, Nursing education, Nursing administration and Nursing research.

NURSING SERVICE

- ❖ As members of the health care team, the Nurses play an active role in promotion of health, prevention of diseases, cure ration of illness and rehabilitation of deformities.
- ❖ Consumer protection in hospitals is achieved mostly through quality patient care, in which nurses are accountable for their services.
- ❖ Nurses can achieve this only if they have adequate knowledge,. It is therefore necessary to develop the ability to health educate the mothers adequately on postnatal care.
- ❖ The findings of the study could be utilized as basis for providing education for mothers so that constant awareness and clear understanding may be created among the mothers regarding postnatal care after emergency LSCS.
- ❖ It serves as a guideline for nurses to identify the area where the mothers are lacking in their knowledge thereby providing special attention to that area. while educating the mothers to demonstrate the practices on self caring and maintenance of personal hygiene, perineal hygiene and breast hygiene and early ambulation .so that misconceptions and wrong practice of post natal care can be avoided following surgery
- ❖ Continuing nursing programme on post natal care after emergency LSCS can be organized
- ❖ Nurse should assist the mother to take self care by creating awareness about post natal care after surgery in the ante natal itself
- ❖ Teaching module can be prepared and can be included in the mothers craft courses

NURSING EDUCATION

- ❖ “Quality care through excellence in advanced nursing education” is just apt to meet the increasing demand of good quality of nursing.

- ❖ Students may be given chance to practice and give health education on post natal care among mothers subjected to cesarean section
- ❖ Nursing education can motivate and encourage the student to prepare patient education regarding post natal care for quality assured care to the mothers' subjected to LSCS
- ❖ Post natal care after LSCS and its advantages can be included in the curriculum and student should teach the mothers before surgery
- ❖ In the changing climate of health care delivery system, since the emphasis is shifted from cure oriented to health promotion approach, nursing students need to gain knowledge on postnatal care, so that they can provide adequate knowledge to mothers .and also need to recognize the responsibility of health educating the patients.
- ❖ Education is an integral part of the clinical governance agenda, which includes “education, clinical audit, risk management, research and development and openness”. The introduction of a formalized educational program provides a nurse with evidence – based rationales from which they can challenge their practice, build and improve on their performance and skills in health education and demonstrating the postnatal care. following LSCS
- ❖ The nursing education program should therefore prepare nurses in providing effective and quality nursing care for mothers
- ❖ Inadequate practice of post natal care by mothers is of concern to nurse educators. The findings of this study can be used as an informative illustration to staff and student nurses by Providing classroom teaching and demonstration on postnatal care can encourage active participation of student nurses.
- ❖ Appropriate audio – visual aids can enhance the art and skill of teaching proper care to post natal care among mothers .

NURSING ADMINISTRATION

- ❖ “Like people in other professions, nurse operates in an “age of accountability” where quality and cost issues drive the direction of health care. Nurses as an administrator has a crucial role in planning policies for imparting health information to the mothers. Nursing administration must see that a separate budget is allocated for in service education by the trained personnel for quality care
- ❖ Education programs in hospitals are required to teach staff nurses to update their knowledge and skill regarding post natal care
- ❖ Nursing administration may use the study findings to improve quality of post natal care.
- ❖ It highlights the need for nurse administrators to formulate policies and guidelines for health education and demonstrate regarding the postnatal care to mothers
- ❖ Nursing conference and in service programme can be conducted regarding early ambulation for mothers subjected to caesarean section

NURSING RESEARCH

- ❖ Research is the major force in nursing and the knowledge generated from research is changing practices, education and health policy. Non-compliance and incorrect practice of post natal care leads to considerable risks among the post natal period and delay the discharge. Proper post natal care following LCSC is the effective way to prevent acute illness of the mothers
- ❖ The effectiveness of the study can be verified by its utility by the nurse in the practical field
- ❖ Research can be promote many studies on this topic among varies patients

- ❖ The nurse can be motivated by the nursing educator and administrator to conduct research on knowledge about post natal care following LSCS
- ❖ Research on knowledge, attitude and selected practice on postnatal care can reveal clinically significant findings. Use of research findings should become part of quality assurance evaluations to enhance individual profession as a whole. There is still lot of scope for exploring more on this topic.

RECOMMENDATIONS

On the basis of findings it is recommended that.

- ❖ The study can be repeated by taking a large sample which would enable the researcher to generalize the findings.
- ❖ A comparative study can be conducted between primi para mothers and multipara mothers underwent emergency LSCS
- ❖ A comparative study regarding post natal care can be conducted between vaginal delivery mothers and LSCS mothers.
- ❖ The study can be conducted alone regarding early ambulation following surgery in different setting
- ❖ A comparative study can be conducted between literate and illiterate mothers

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OBSERVATIONAL CHECK LIST

	CRITERIA	BEHAVIOUR
1	Ambulation	Walking
2	Intake of water	Taking frequently
3	New born feeding	Feeding
4	Bonding	Responding well if baby cries
5	Baby napkin changing	Changing as soon as wet
6	Personal hygiene	skin care , mouth care, hair combing
7	Perineal hygiene	pad changing
8	Follows breast hygiene	Cleaning before and after feed
9	Position preferred	Both lying and sitting
10	Burping	After feeding

VERY OFTEN-5, OFTEN -4, SOMETIMES -3, RARELY-2, NEVER-1

OBSERVATIONAL CHECK LIST SCORING

S.NO	BEHAVIOUR	DAY 2	DAY3	DAY 4	TOTAL
		1-4PM	1-4PM	1-4PM	
1	Ambulation				
2	Intake of water				
3	New born feeding				
4	Bonding				
5	Baby bath				
6	Personal hygiene				
7	Perineal hygiene				
8	Follows breast hygiene				
9	Position preferred				
10	Burping				

SECTION –B

CONCEPTUAL FRAME WORK

Dorothy Orem developed a definition of nursing that emphasizes those clients self care needs. Orem defines self care as a learned, goal oriented, activity directed towards the self in the interest of maintaining life, health development and well being. The goal of Orem's theory is to help the client perform self care. According to Orem nursing care is necessary when the client is unable to fulfill biological, psychological, developmental, or social needs. The nurse determines why clients is unable to meet these needs , what must be done to enable the client to meet them , and how much self care the client is able to perform . The goal of nursing is to increase the client's ability to independently meet these needs

A supportive nursing system is used when a patient can be self care requisites but needs assistance with decision making. Behavior control, or knowledge acquisition skills in this system, the nurse attempts to promote the self care agency

Orem's self care theory is used to explore the research process. The self care model of Nursing described by Orem is based on the premise that people are usually self reliant, responsible individuals capable of meeting their own self care health needs. Deficiency in practices following LSC S may be at various levels depending upon the knowledge of the individual

By assessing the knowledge and practice it will help the researcher to finds out the reason for inadequate knowledge and practice. By provision of adequate knowledge and motivation to practice about post natal care following surgery, leads to reduction in maternal and infant morbidity and morbidity.

From

T.SAVITRI,
II year M.Sc (N)
College of Nursing,
Madras Medical College,
Chennai – 600 003.

To

THE DIRECTOR,
Institute of Obstetrics and Gynaecology and
Government Hospital for Women and Children,
Egmore, Chennai – 600 008.

Through Proper Channel

**Sub: Permission for conducting study in Postnatal LSCS ward at
IOG, request regarding.**

Respected Sir/Madam,

Kindly permit M.Sc (N) II Year Savitri to conduct a study on topic mentioned below at the postnatal LSCS ward as a part of my curriculum requirement. The study period is from 1.11.2010 to 30.11.2010.

The topic is “A study to Identify the learning needs and self care practices among primipara mothers underwent emergency LSCS in direction of preparing information module at Institute of Obstetrics and Gynaecology, Chennai”.

Kindly consider my request and permit me to conduct the study.

Thanking you,

Yours sincerely,

T Savitri
(SAVITRI)

Forwarded
[Signature]
DR. P. MANGALA GOWRI, MSc (N), PhD
PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

Date : 12.08.2010
Place : Chennai - 3.

[Signature]
Director and Superintendent,
Institute of Obstetrics and
Gynaecology and Govt. Hospital
for Women and Children,
MADRAS-8.

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI -3

Telephone No: 04425305301
Fax : 044 25363970

CERTIFICATE OF APPROVAL

To
Mrs. T. Savitri
MSc Nursing II Year
Madras Medical College, Ch-3

Dear Mrs. T. Savitri

The Institutional Ethics Committee of Madras Medical College reviewed and discussed your application for approval of the proposal entitled "A study to identify the learning needs and self care practices among primi para mothers underwent emergency LSCS at IOG Egmore, Chennai in direction of preparing module " No. 11122010.

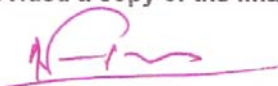
The following members of Ethics Committee were present in the meeting held on 28.12.2010 conducted at Madras Medical College, Chennai -3.

- | | |
|---|---------------------|
| 1. Prof. S.K. Rajan, MD | -- Chairperson |
| 2. Prof. J. Mohanasundaram, MD,Ph.D,DNB
Dean, Madras Medical College, Chennai -3 | -- Deputy Chairman |
| 3. Prof. A. Sundaram, MD
Vice Principal, MMC, Chennai -3 | -- Member Secretary |
| 4. Prof R. Sathianathan
Director, Institute of Psychiatry, MMC,Ch-3 | -- Member |
| 5. Prof R. Nandhini, MD
Director, Institute of Pharmacology, MMC, Ch-3 | -- Member |
| 6. Prof. Pregna B. Dolia, MD
Director, Institute of Biochemistry, MMC, Ch-3 | -- Member |
| 7. Thiru. S. Govindasamy BA.BL | -- Lawyer |
| 8. Tmt. Arnold Soulina | -- Social Scientist |

We approve the Proposal to be conducted in its presented form.

Sd / . Chairman & Other Members

The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information / informed consent and asks to be provided a copy of the final report



Member Secretary, Ethics Committee

CERTIFICATION OF CONTENT VALIDITY

This is to certify that the tool developed by Mrs. T. Savitri M.Sc(N0 II year, College of Nursing, Madras Medical College, Chennai – 600 003 for her topic “Identify learning needs and practices of primi para mothers underwent Lower Segment Caesarean Section (LSCS)”at IOG is validated by me and she can proceed with this tool to conduct the main study

SIGNATURE *C. Susila*

NAME *C. Susila*

Prof. Dr. C. SUSILA M.sc (N) Pn.d
PRINCIPAL
BILLROTH COLLEGE OF NURSING


SEAL

DATE



CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool developed by **Mrs.T.Savitri, M.Sc (N),** II year, College of Nursing, Madras Medical College, Chennai – 3 for her topic **“To assess the learning needs and self care practices regarding postnatal care among primi para mothers who underwent emergency LSCS at Institute of Obstetrics and Gynaecology”** is validated by me and she can proceed with this tool to conduct the main study.

SIGNATURE: 

NAME: MRS. J. SARANYA

SEAL: 
M.S.A.J. COLLEGE OF NURSING
180, THAMBU CHETTY STREET
CHENNAI 600 001

DATE: 9/8/10

Clr With P.No: 14,22-28,37

B&W With P.No: 1-13,15-21,29-36,38-49

B&W Without P.No: 50-71